

JUN 97

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

APPLICATION FOR VOLUNTEER SERVICE

Thank you for offering your services as a volunteer within the Federal Bureau of Prisons. Please read the following questions carefully and type or clearly print your answers to each before signing.

1. Name (Last, First, Initial)		2. Address (Including Street and Zip Code)	
3. Home Phone	Work Phone	4. Birth Date (MO, DAY, YR)	5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
6. Birthplace (City, State, Country)		7. Former Names, if any	
8. Social Security Number		9. Driver's License, Number and State	
10. Height _____ Weight _____ Eye Color _____ Hair Color _____			
11. Are you a citizen of the United States? <input type="checkbox"/> yes <input type="checkbox"/> no			
12. Race/Ethnicity (for statistical uses only, you need not reply) <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic American/Latino <input type="checkbox"/> Caucasian/European <input type="checkbox"/> Native American			
13. Current Employer (Name, Address, and Telephone Number)			
14. Sponsor Organization (Name, Address and Telephone Number)		15. Contact in case of emergency (Name, Address and Telephone Number)	
16. Have you ever been convicted of, or forfeited collateral for any felony violation yes _____ no _____ 17. Have you ever been convicted of, or forfeited collateral for, any firearms or explosives violation? yes _____ no _____ 18. Are you now under charges for any violation of law? yes _____ no _____ 19. During the last 3 years have you forfeited collateral, been convicted, been imprisoned, been on probation or been on parole? (Do not include violations reported in the 16, 17, or 18 above). yes _____ no _____ 20. Have you ever been convicted by a military court-martial? If no military service, answer "no". yes _____ no _____ 21. Do you have any medical conditions or disability that may restrict your volunteer services? yes _____ no _____			

If you respond "Yes" to questions 16 - 21, please attach a separate page to explain

SIGNATURE, CERTIFICATION, RELEASE OF INFORMATION

You must sign this application. Please read the following carefully before you sign.

- * I understand that false statements on any part of my application may be grounds for not approving me as a volunteer or for dismissing me after I have begun my volunteer service.
- * I understand any information I give may be investigated, as allowed by Law or Presidential Order.
- * I consent to the release of information about my ability and fitness as a volunteer by employers, schools, law enforcement agencies and other individuals and organizations to investigators making inquiries on behalf of the Bureau of Prisons.
- * I certify to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.
- * I understand as a volunteer I will not receive any financial reimbursement or compensation from the Federal Bureau of Prisons for my services, time or expenses.

Signature_____Date_____

(This form may be replicated via WP)

This form replaces BP-S580.053 dtd AUG 94